

Minutes of the Special Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Monday, July 11, 2016 at the hour of 4:00 P.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Hammock called the meeting to order.

Present: Chairman M. Hill Hammock and Directors Emilie N. Junge; Mary B. Richardson-Lowry; Carmen Velasquez; and Dorene P. Wiese (5)

Present Patrick T. Driscoll, Jr. (non-Director Member of the Quality and Patient Safety Committee)

Telephonically: Vice Chairman Hon. Jerry Butler and Director Ric Estrada (2)
Gerald Bauman (non-Director Member of the Audit and Compliance Committee) and Steven Scheer (non-Director Member of the Finance Committee)

Absent: Directors Ada Mary Gugenheim and Wayne M. Lerner, DPH, LFACHE (2)

Chairman Hammock stated that Vice Chairman Butler, Director Estrada, Mr. Scheer and Mr. Bauman would be participating in the meeting telephonically.

Director Richardson-Lowry, seconded by Director Junge, moved to allow Vice Chairman Butler to participate as a voting member for the meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Director Richardson-Lowry, seconded by Director Junge, moved to allow Director Estrada to participate as a voting member for the meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Ekerete Akpan – Chief Financial Officer
Debra Carey - Chief Operating Officer, Ambulatory Services
Kathy Chan - Director of Policy
Douglas Elwell – Deputy CEO of Finance and Strategy
Claudia Fegan, MD - Executive Medical Director/Medical Director-Stroger
Steven Glass – Executive Director of Managed Care
Gladys Lopez –Chief of Human Resources
Terry Mason, MD – Cook County Department of Public Health

Jeff McCutchan – Interim General Counsel
Mary Sajdak - Senior Director of Integrated Care Management
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer
Caryn Stancik – Executive Director of Communications
Agnes Therady – Executive Director of Nursing

II. Public Speakers

Chairman Hammock asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen

III. Recommendations, Discussion / Information Item

A. Strategic planning discussion (Attachment #1)

Dr. John Jay Shannon, Chief Executive Officer, reviewed the presentation, which included information on the following subjects:

- Timeline review
- Agenda for July 11th
 - General Comments on Plan
 - Review 2017 Measurements/Milestones

During the review and discussion of the information, the following members of leadership joined the Board Members in the conversation: Ekerete Akpan, Chief Financial Officer; Debra Carey, Chief Operating Officer, Ambulatory Services; Douglas Elwell, Deputy CEO of Finance and Strategy; Dr. Claudia Fegan, Executive Medical Director/Medical Director-Stroger; Steven Glass, Executive Director of Managed Care; Gladys Lopez, Chief of Human Resources; Dr. Terry Mason, Chief Operating Officer of the Cook County Department of Public Health; Agnes Therady, Executive Director of Nursing; and Mary Sajdak, Senior Director of Integrated Care Management.

With regard to the subject of behavioral health impacts, Director Richardson-Lowry recommended the insertion of a single word - "alcohol," as some grant-related resources are available if there is a direct reference to it.

During the discussion of the information, Kathy Chan, Director of Policy, provided an overview of the Supplemental Nutrition Assistance Program (SNAP); she referenced possible cuts or limits to SNAP for certain beneficiaries that could arise if Illinois does not seek a waiver from the United States Department of Agriculture's Food and Nutrition Services. Director Wiese inquired regarding the estimated number of beneficiaries that could be affected by the possible cuts or limits; Ms. Chan responded that she will follow-up and provide a response to the question.

Dr. Shannon stated that, should the Board have any further comments on the draft Strategic Plan, they should be sent to Caryn Stancik and Andrea Gibson, with a copy to the Board Chair and Board Secretary, prior to the close of business on Wednesday, July 13th, to ensure inclusion in the updated Strategic Plan, which will be released on Friday, July 15th for the Thursday, July 21st Public Hearing and subsequent approval on Friday, July 29th. It was determined that the Board will receive the updated Strategic Plan prior to public release on Friday, July 15th.

IV. Action Items

A. Any items listed under Sections IV and V

V. Closed Meeting Items

- A. Approval of the Closed Meeting Minutes of the October 20, 2015 Meeting of the Quality and Patient Safety Committee**
- B. Approval of the Closed Meeting Minutes of the October 30, 2015 Meeting of the Board of Directors**
- C. Approval of the Closed Meeting Minutes of the February 26, 2016 Meeting of the Board of Directors**

V. Closed Meeting Items (continued)

Director Richardson-Lowry, seconded by Director Wiese, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body,” and 5 ILCS 120/2(c)(21), regarding “discussion of minutes of meetings lawfully closed under this Act, whether for purposes of approval by the body of the minutes or semi-annual review of the minutes as mandated by Section 2.06.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Hammock, Vice Chairman Butler and Directors Estrada, Junge, Richardson-Lowry, Velasquez and Wiese (7)

Nays: None (0)

Absent: Directors Gugenheim and Lerner (2)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chairman Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

Director Richardson-Lowry, seconded by Director Velasquez, moved to approve the Closed Meeting Minutes of the October 20, 2015 Meeting of the Quality and Patient Safety Committee; the Closed Meeting Minutes of the October 30, 2015 Meeting of the Board of Directors; and the Closed Meeting Minutes of the February 26, 2016 Meeting of the Board of Directors. THE MOTION CARRIED.

Director Richardson-Lowry voted PRESENT.

VI. Adjourn

As the agenda was exhausted, Chairman Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Board of Directors Special Meeting Minutes
July 11, 2016

ATTACHMENT #1



COOK COUNTY HEALTH & HOSPITALS SYSTEM

Strategic Planning

July 11, 2016



Timeline review

- Feb – May Board Presentations/Discussions
- June 29th Draft plan discussion at Board Mtg
- July 11th Draft plan discussion continued at Special Board Mtg
- July 15th Post plan for public review
- July 21st Public Hearing at 1:00pm
- July 29th Board Meeting to approve plan
- August Budget
- Fall Implementation plan



Agenda for July 11th

- General comments on plan
- Review 2017 Measurements/Milestones
 - Do they address the objectives?
 - Are they realistic?
 - Do they measure success?
 - Is anything missing?



Deliver High Quality Care

1.1 Standardize clinical operations, practices and procedures across the system to improve quality, reliability and efficiency.

- 10% increase in number of patients screened using care management techniques.
- Implement Cerner CommonWell.

1.2 Improve the availability of and access to health care, especially preventive care, for Cook County residents

- Open replacement Logan Square, Cicero and Vista Health Centers and make substantial progress on the new central campus building. Identify and announce three additional renovations or relocations.
- Obtain land and design Provident-community regional outpatient center.
- Integrate behavioral health into all outpatient health centers and ROCs and expand specialty behavioral health.
- Increase utilization of operating room at Provident Hospital by 10%.
- Implement connectivity HUB.



Deliver High Quality Care

1.3 Ensure there is a continuum of services to meet evolving needs of patients at all stages of their lives.

- Complete analysis on gaps in service and action plan complete to address the needs.
- Implement resumption of Department of Psychiatry services in Emergency Rooms.
- Optimize quality and safety by consolidating a single pediatric inpatient unit with partners.
- Enter into one Memorandum of Understanding (MOU) with a pediatric partner.

1.4 Develop systems that meet or exceed expectations and enhance the patient experience

- Increase patient satisfaction numbers across the System with results in concentrated areas such as new health centers moving into top decile.
- Target the 50th percentile for “willingness to recommend the hospital”.
- Facilitate customer service and safety training for 75% of staff.
- Ensure all units perform safety huddles.



Deliver High Quality Care

1.5 CCHHS will work to ensure that patients receive Culturally and Linguistically Appropriate Services (CLAS) through effective, understandable and respectful care provided in a manner compatible with cultural health beliefs, practices and preferred languages.

- Add CLAS questions to patient satisfaction surveys by mid-2017; monitor results to ensure improvement
- Conduct annual employee training.

1.6 Integrate services with correctional health, both by focusing on early interventions to prevent arrests and reduce the jail population and by ensuring continuation of care when detainees are released from jail.

- Determine explicit approach for continuity of care for justice-involved populations.
- Obtain ability to reduce gaps in care for detainees at the jail.
- Achieve substantial compliance with DOJ.
- Implement naloxone program at the jail (2016).



Grow to Serve & Compete

2.1 Grow primary care base

- Increase in empaneled primary care patients by 10%.

2.2 Retain and grow CountyCare membership through marketing, acquisition and state policy changes on redetermination and jail detainee coverage.

- In 1st quarter of 2017, provide CCHHS Board of Directors with retention and acquisition strategy.
- Increase CountyCare membership.



Grow to Serve & Compete

2.3 Capture more CountyCare members as referrals by increasing internal referrals for CCHHS specialty and inpatient care.

- Achieve higher percentage of CountyCare referrals to specialty and inpatient care year-over-year.

2.5 Identify existing centers of excellence and invest in the development of additional centers based on community need, system expertise and available resources.

- Identify two centers of excellence.
- Achieve year-over-year increase in volumes for centers of excellence.
- Attain American College of Surgeons (ACS) Level 1 Trauma certification.



Fiscal Stewardship

3.1 Maximize reimbursements from Managed Care Organizations (MCOs) and private insurance and compete on value, grow membership and influence MCO strategy.

- Increase primary care patients by 10%.
- Increase MCO revenue by 25%.

3.2 Optimize CCHHS revenue by balancing the portfolio of funding sources and pursuing various legislative solutions.

- Increase bills for oral and behavioral health services.
- Increase indirect cost dollars from grants.



Fiscal Stewardship

3.3 Demonstrate fiscal responsibility with limited resources by controlling costs and maximizing efficiency.

- Reduce time to hire, procurement and badging processes.
- Implement ERP core finance, budget preparation.
- Complete capital equipment replacement plan.
- Achieve ability to fund capital equipment and improvements from operating budget.



Fiscal Stewardship

3.4 Improve provider documentation to support coding and billing to reflect the level of service provided and the complexity of illness of the patients.

- 95% of History & Physical complete by discharge.
- 95% of Discharge summary complete in seven days.

3.5 Deploy efforts to increase patient safety, documentation and communication to limit financial exposure to litigation claims and minimize information and data security risks.

- Conduct event review for all litigation and implement and communicate lessons learned.
- Facilitate education for all providers on risk-reduction.
- Set up remote hosting for IT systems.



Fiscal Stewardship

3.6 Ensure patients and CountyCare members receive the right care at the right time in the right place.

- Increase utilization management year-over-year.
- Initiate one focused project on medication management to decrease unnecessary encounters.

3.7 Expand marketing and branding strategy to raise the profile of CCHHS and CountyCare.

- Increase patient and member volume.
- Increase deliveries at Stroger by 10%.



Invest in Resources

4.1 Partner with labor to provide a health care experience that is convenient to patients.

- Establish extended hours at all health centers.

4.2 Recruit, hire and retain the best employees who are committed to the CCHHS mission.

- Develop action plan based on top-drivers upon completion of employee engagement survey and other employee feedback.
- Implement online annual performance evaluations.
- Reduce time to hire by 15% for non-credentialed positions.
- Achieve substantial compliance on the employment plan.



Invest in Resources

4.3 Strengthen CCHHS workforce.

- Increase number of advertising outlets for recruitment.
- Conduct an analysis of bench strength by area to determine future areas of risk.
- Complete action plan on span of control.

4.4 Enhance medical education by further development of safety culture and reporting.

- Increase Culture of Safety Survey response rate from less than 10% to 30%.
- Provide ongoing teamwork coaching to at least 50% of leadership by end of year.
- Dialogue with local partners regarding nursing education affiliations.



Invest in Resources

4.5 Strengthen quality of care by systematic assessment of capital equipment, development of multi-year replacement strategy.

- Complete capital equipment replacement plan.



Leverage Valuable Assets

5.1 Implement a unified medical staff practice.

- Establish practice plan governance and management structure.

5.2 Promote interdisciplinary engagement to address complex medical conditions.

- Develop interdisciplinary and interdepartmental services for three clinical areas.



Leverage Valuable Assets

5.3 Exploit relevant sources for monitoring quality, cost, utilization and patient outcomes.

- Implement Cerner CommonWell.
- Complete one advanced analysis project by the Collaborative Research Unit (CRU) from the CountyCare claims data.
- Implement HealthIntent.
- Establish reliable reporting to the National Database of Nursing Quality Indicators (NDNQI) data reporting system.

5.4 Utilize CCDPH data and experience to address health inequities to conceptualize and plan robust interventions to improve population health.

- Leverage information from CCDPH childhood lead poisoning prevention surveillance to improve health outcomes.
- Utilize information from CCDPH's Adverse Pregnancy Reporting System (APORS) to improve outcomes.
- Review annual updates of health status and data reports to inform CCHHS initiatives.



Leverage Valuable Assets

5.5 Evaluate clinical effectiveness by specialty and forecast health needs with robust analytics and benchmarking.

- Have ambulatory clinical effort agreements for each department.
- Mature Relative Value Unit model at physician and department level.

5.6 Produce knowledge (using internal and external resources) about how best to provide care to CCHHS patients.

- Identify and complete two clinical conditions for analysis and complete the analyses.



Leverage Valuable Assets

5.7 Invest in continuous learning and development, including training around domain-specific best practices.

- Complete nursing leadership academy for managers by June 2017.
- Create improvement review process.

5.8 Demonstrate value of undergraduate and graduate medical education and academic affiliations to the organization by analysis of costs, returns, pipeline to workforce and facilitation of CCHHS mission.

- Complete assessment framework to review residency programs.
- Complete four residency assessments.
- Make recommendations to the Board on academic affiliations.
- Transition Family Medicine Residency to CCHHS.



Impact Social Determinants of Health

6.1 Ensure continued access to care for uninsured patients.

- Expand and optimize structure of health plan for the uninsured.

6.2 Utilize CCDPH data and experience to address health inequities to conceptualize and plan robust interventions to improve population health.

- Develop a proposed program to address medical needs of children who have experienced ACEs.



Impact Social Determinants of Health

6.3 Partner with other organizations to address population health needs outside of the healthcare system, including those related to social determinants of health.

- Expand “Food as Medicine” program to all outpatient sites.
- Provide WIC services at all health centers
- Pilot intervention aimed at improving health status of African American men at select health centers.

6.4 Further develop care coordination services across the continuum of care to address social determinants of health to improve population health.

- Continue to expand care coordination to support the use of appropriate resources, e.g. outpatient workups.
- Establish delegation from MCOs for care coordination.
- Achieve NCQA accreditation for care management.



Impact Social Determinants of Health

6.5. Assess organizational contributions to disparities.

- Identify one clinical area for review and analysis, stratified by race, ethnicity and language preference.



Advocate for Patients

7.1 Advocate for improved healthcare for the uninsured population, including justice-involved populations.

- Determine explicit approach for continuity of care for justice-involved populations.

7.4 Establish outpatient health centers as community anchors.

- Establish at least two community advisory boards for community health centers.
- Expand community programming in four health center locations.

Advocate for Patients

7.5 Advocate for influenza vaccine for all healthcare workers in Illinois.

- Support legislation or code changes to support this change by developing language and an approach as well as create constituency group backing.

7.6 Advocate for improvements in identifying and addressing blood lead levels in children in suburban Cook County.

- Implement policy to intervene when a child has a blood lead level of 5mcg/dL or more.

Advocate for Patients

7.7 Assess effect of CDC grant “Partnerships to Improve Community Health (PICH) to identify effective public health practices to promote relevant policies.

- Finalize plan to sustain practices identified in the grant period.

